

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2070</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>Peter</u> <u>Goldberger</u> P.O. Box, Bldg., Room No., if any _____ Street <u>194 ALEXANDER AVE</u> City <u>Montclair</u> State <u>New Jersey</u> ZIP Code + 4 <u>07043</u>	4. Name, file number, and address of labor organization. Name <u>SEIU Local 32BJ</u> Labor Organization File Number _____ P.O. Box, Building and Room Number, if any _____ Street <u>101 Ave of the Americas</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10013</u>
5. Position in labor organization. _____	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7.b. Amount. _____
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Peter Goldberger

On

4/27/05

Date

212 388-2135

Telephone Number

Name EDUCATION AND Campaign Assoc. LLC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 194 ALEXANDER AVE

City MONTCLAIR

State NEW JERSEY ZIP Code + 4 07043

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name. Name <input type="text"/>	11.a. Nature of such dealing. Consulting: ORGANIZATIONAL AND FINANCIAL MANAGEMENT
Trade Name, if any: <input type="text"/>	
P.O. Box, Bldg., Room No., if any <input type="text"/>	
Street <input type="text"/>	
City <input type="text"/>	11.b. Approximate dollar value of such dealing. \$ 80,133.55
State <input type="text"/> ZIP Code + 4 <input type="text"/>	12.a. Nature of interest held or income received. MANAGING MEMBER. RECEIVED INCOME IN 2004 FOR WORK PERFORMED IN 2003 PRIOR TO BECOMING AN EMPLOYEE OF LOCAL 32BJ. DID NOT RECEIVE ANY INCOME FROM FIRM FOR WORK PERFORMED IN 2004
	12.b. Amount. \$ 17,000.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; height: 30px; width: 150px; margin-left: 50px;"></div>